## MULTIPLE DEPENDENT CLAIM **FEE CALCULATION SHEET**

SERIAL NO.

10/582847

FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1"AMENDMENT		AFTER  2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		1				
102		1				
103		1				
104		1				
105 106		1 1				
107		1				
108		1				
109		1				
110		1				
111	1					
112		1				
113		1				
114 115		1				
116		1				
117		1			-	
118		1				
119		1				
120		1				
121		1				
122		1				
123		1				
124 125		1 1				
126		1				
127		1				
128		1				
129		1				
130		1				
131		1				<u> </u>
132	<del></del>	1		<u> </u>		
133 134	· · · · · ·	1	1			
135			1	1		<del>                                     </del>
136				1		<del>}</del>
137				1		
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140				1		<u> </u>
141		<b>_</b>		1		<del>                                     </del>
142 143	<del></del>	<del>                                     </del>	1	1		<del>                                     </del>
143		<del>                                     </del>		1		<del>                                     </del>
145		<del>                                     </del>		1		
146		<u> </u>		1		
147				1		
148	·			1		
149		ļ	1			<u> </u>
150	<u> </u>			1		<u> </u>
TOTAL IND.	-1	♣	3	」 ♣ │	0	<b>  ♣</b>
TOTAL DEP.	32	<b>4</b>	14	<b>(-</b>	0	<b>(</b>
TOTAL CLAIMS	33		17		0	A Second

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	AS FILED		AFTER		AFTER 2 md AMENDMENT	
			I"AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151				11		
152				1		
153				1		
154				1		ļ
155				1		
156				1		
157		_		1		ļ
158				1		
159				1		ļ
160				1	,	
161				1		
162				1		ļ
163			1			
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165				1		
166				1	<del></del>	ļ
167				1		
168				1		
169				1		
170		-		1		
171			_	1		
172			1			
173				11		
174				1		
175				1		
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189				ļ		<del> </del>
190			*** ***			
191						ļ
192		·		<b></b>		
193		<b>—</b>				<b>├</b>
194			ļ			<b></b>
195		ļ				
196		<b></b>		<b> </b>	<b></b>	<b>├</b>
197		ļ		·		
198		<b>-</b>		<b>├</b>		<del> </del>
199		<del> </del>		<b>├</b>		<del>                                     </del>
200	<b>—</b> —	<u> </u>		<b> </b>	<del></del>	<del></del>
TOTAL IND.	0	<b>                                     </b>	3	J ♣	0	<b>↓</b>
TOTAL DEP.	0	<b>←</b>	24	<b>(</b>	0	<b>+</b>
TOTAL CLAIMS	0		27		0	10 11 11 14 14 14 14 14 14 14 14 14 14 14
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## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

serial no. 10/582847 FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 <sup>10d</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
5		1 1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12 13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21 22		1				
23		1				
24		1				
25	-	1				
26	1					
27		1				
28		1				
29		1				
30 31		1 1				
32		1			-	
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39 40		1	<b></b>		<b></b>	ļ
41		1				
42	_	1				
43		1				
44		1				
45		1				
46		1				
47		1				ļ
48		1				
49 50		1				
TOTAL			_			
IND. TOTAL	2	▼	0	. <mark>▼</mark>	0	▼
DEP.	48	<b>(=</b>	0	<b>(=</b>	0	<b>—</b>
TOTAL	50		0		0	

S						
	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ™ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	L	1				
53		1				
54		1				
55		1				
56		1				
57_		1				
58		1				
59		1				
60		11				
61		1				
62		1				
63		1				
64		1				
65		1	6.0.0			
66		1				
67		1				
68		1				
69		1				
70		1				
71		11			,	
72		1				
73		1				
74		1		·		
75		1				
76	1					
77		1				
78		1				
79		1				
80		1				
81		1				
82		1				
83	1					
84		1		- f		
85		1				
86		1				
87		1				
88		1				
89		1				
90		1				
91		1				
92		1				
93		1				
94		1				
95		1				
96		1				
97	1					
98		1				
99		1				
100		1				
TOTAL IND.	4	J.	0	JL.	0	
TOTAL DEP.	46		0		0	
TOTAL	50		0		0	
CLAIMS	30					

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